

Household Moving Allowance

State of South Dakota

When Application and Authorization sections are completed, please submit the original to:

State Board of Finance
Office of Secretary of State
Capitol Building 500 E Capitol Ave
Pierre SD 57501 Phone: 605-773-3538

Please check one:

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State Transfer (SDCL 3-9-9)

Full-time continuous employment for 6 months.

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Professional Recruitment (SDCL 3-9-12)

Attach a written copy of the offer of employment and of payment of moving expenses.

Application

Name of Applicant

New Position Title

Agency Employed By

Yearly Salary

City, State Moving From

New Post of Duty (City)

Expected Month/Year of Move

I hereby request authorization and approval to submit a voucher for reimbursement of actual household moving expenses subject to the limitations established by South Dakota law. I shall attach to said voucher evidence of actual household moving expenses.

The IRS regulation for reporting moving expenses for employee states, "Employer reimbursement of an employee's moving expenses constitutes fringe benefits excludable from the employee's gross income if (1) the amounts would be deductible by the employee if they had directly paid or incurred these expenses, (2) the employee did not deduct the expenses in a prior year, and (3) if the move is 50 miles or more from the employee's former residence.

I certify that I have met the above listed criteria. I understand the reimbursement by the State of South Dakota for payment of the eligible moving expense will not be reported as taxable income to the IRS. While this reimbursement will not be reported as taxable, I acknowledge that ultimately I am responsible for the proper reporting of any tax liability of this reimbursement.

Signature of Applicant

Date

Authorization

I hereby certify that the above stated agency ordered the applicant to move as indicated and that the move will be for the benefit of the State of South Dakota. I further declare that to the best of my knowledge and belief the request and authorization for reimbursement of actual household moving expenses are true and correct.

Name of Authorized Agent

Position/ Title of Authorized Agent

Signature of Authorized Agent Date

Agency of Authorized Agent

Approval by State Board of Finance

Approved by the State
Board of Finance on _____

Signature of Secretary, State Board of Finance

Note: When completed, retain one copy in employee personnel file and attach original to voucher to be sent to Auditor Office.